

# CLAIMS ONLY

Application Number

10/813,322

Filing Date

Applicant(s)

3/1/05

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		/		/		
9		/		/		
10		/		/		
11		/		/		
12	/	/	/	/		
13	/	/	/	/		
14	/	/	/	/		
15	/	/	/	/		
16	/	/	/	/		
17	/	/	/	/		
18	/	/	/	/		
19	/	/	/	/		
20	/	/	/	/		
21	/	/	/	/		
22	/	/	/	/		
23	/	/	/	/		
24	/	/	/	/		
25	/	/	/	/		
26	/	/	/	/		
27	/	/	/	/		
28	/	/	/	/		
29	/	/	/	/		
30	/	/	/	/		
31	/	/	/	/		
32	/	/	/	/		
33	/	/	/	/		
34	/	/	/	/		
35	/	/	/	/		
36	/	/	/	/		
37	/	/	/	/		
38	/	/	/	/		
39	/	/	/	/		
40	/	/	/	/		
41	/	/	/	/		
42	/	/	/	/		
43	/	/	/	/		
44	/	/	/	/		
45	/	/	/	/		
46	/	/	/	/		
47	/	/	/	/		
48	/	/	/	/		
49	/	/	/	/		
50	/	/	/	/		
Total Indep	5		5			
Total Depend	36		30			
Total Claims	41		35			

	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
51		/	/	/		
52		/	/	/		
53		/	/	/		
54		/	/	/		
55		/	/	/		
56		/	/	/		
57		/	/	/		
58	/	/	/	/		
59	/	/	/	/		
60		/	/	/		
61		/	/	/		
62		/	/	/		
63		/	/	/		
64		/	/	/		
65		/	/	/		
66		/	/	/		
67		/	/	/		
68		/	/	/		
69		/	/	/		
70		/	/	/		
71		/	/	/		
72		/	/	/		
73		/	/	/		
74		/	/	/		
75		/	/	/		
76		/	/	/		
77		/	/	/		
78		/	/	/		
79		/	/	/		
80		/	/	/		
81		/	/	/		
82		/	/	/		
83		/	/	/		
84		/	/	/		
85		/	/	/		
86		/	/	/		
87		/	/	/		
88		/	/	/		
89		/	/	/		
90		/	/	/		
91		/	/	/		
92		/	/	/		
93		/	/	/		
94		/	/	/		
95		/	/	/		
96		/	/	/		
97		/	/	/		
98		/	/	/		
99		/	/	/		
100		/	/	/		
Total Indep						
Total Depend						
Total Claims						